UCC FINANCING FOLLOW INSTRUCTION A. NAME & PHONE OF C CT Lien Solut B. SEND ACKNOWLEDG CT Lien S P.O. Box 2 Glendale, USA	NS (front and back CONTACT AT FILE ions GMENT TO: (Nar	) CAREFULLY ER [optional] ne and Address)		Lapse Date	ling: 10: er : 200 e : 09/2	18:00 AM 09-265-7986-8	SE ONLY
1. DEBTOR'S EXACTE	JLL LEGAL NAME	-insert only <u>one</u> debtor name (1a or 1b	o) - do not abbreviate or comb				
1a. ORGANIZATION'S N							
OR Easterday F	arms Prod	uce, Co.	FIRST NAME		li vinni in i		Teverne
16. INDIVIDUAL'S LASTI	NAME		FIRST NAME		MIDDLE I	NAME	SUFFIX
1c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
1427 N 1st Avei	2110		Pasco		WA	99301	USA
1d. SEEINSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF	ORGANIZATION		NNIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR	Corporation	WA		6016	72960	□NONE
2. ADDITIONAL DEBTO		LEGAL NAME - insert only <u>one</u> o		not abbreviate or combin			
2a. ORGANIZATION'S N			,				
OR 2b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE I	NAME	SUFFIX
2c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF	ORGANIZATION	2g. ORG/	NIZATIONAL ID#, if any	
	DEBTOR						NONE
		TOTAL ASSIGNEE of ASSIGNOR S/	P) - insertonly <u>one</u> secured	party name (3a or 3b)			
3a. ORGANIZATION'S N	IAME						
Rabo Agrifii	nance, Inc.				T		
3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
	~ -	400					
10100 Trinity F			Stockton		CA	95219	USA
4. This FINANCING STATEM	ENT covers the follow	ving collateral:					

All of the following described property now owned or hereafter acquired by the Debtor (collectively, the "Collateral"):

- (a) Accounts, contract rights, documents, documents of title, payment intangibles, investment property, chattel paper, instruments and deposit accounts.
- (b) Inventory.
- (c) Equipment.
- (d) Fixtures.
- (e) Farm products.
- (f) General intangibles, including, but not limited to, all Intellectual Property (defined

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum		the REAL 7. Check to REQUE [ADDITIONAL FE	ST SEARCH REPORT	(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

WA-0-20244288-33313843-F-413058 Easterday TN

Continuation of section 4 collateral

4. This FINANCING STATEMENT covers the following collateral:

### herein).

- (g) Accessions, attachments and other additions to the Collateral, and all tools, parts and equipment used in connection with the Collateral.
- (h) Substitutes or replacements for any Collateral, all proceeds, products, rents and profits of any Collateral, all rights under warranties and insurance contracts covering the Collateral, and any causes of action relating to the Collateral.
- (i) Books and records pertaining to any Collateral, including but not limited to any computer-readable memory and any computer hardware or software necessary to process such memory ("Books and Records").

E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 USA		Time of Filing: 08 File Number : 20 Lapse Date : 09		M M	
END ACKNOWLEDGMENT TO: (Name and Address)  Lien Solutions P.O. Box 29071  Glendale, CA 91209-9071					
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	$\neg$	-	/04/2023		
P.O. Box 29071 Glendale, CA 91209-9071	I				
Glendale, CA 91209-9071					
<del></del>	1.1				
		THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use of ame will not fit in line 1b, leave all of item 1 blank, check here and and 1a. ORGANIZATION'S NAME		modify, or abbreviate any part or information in item 10 of the f			
Easterday Farms Produce, Co.					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
127 N. 1st Avenue	Pasco		WA	99302	USA
127 N 1st Avenue ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME	Pasco OR SECURED PARTY): Pro	vide only <u>one</u> Secured Party na	WA me (3a or 3b)	99302	USA
Rabo AgriFinance LLC					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
O. Box 411995	St. Louis		-	<b>63141</b>	USA
	Dt. Louis		1111		USA

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### **UCC FINANCING STATEMENT ADDITIONAL PARTY** FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	; if line 1b was left blank	Date of Filing: 09/		
18a. ORGANIZATION'S NAME  Easterday Farms Produce, Co.	Time of Filing: 08:31:00 AM File Number : 2018-247-0639-4 Lapse Date : 09/04/2023			
OR 18b. INDIVIDUAL'S SURNAME		1		
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	S FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do r			OSE ONE!
19a. ORGANIZATION'S NAME				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	Cody	Aller		
19c. MAILING ADDRESS  830 Bellflower Road	Mesa	STATE WA	POSTAL CODE 99343	COUNTRY
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
20a. ORGANIZATION'S NAME				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	Cody		., .,	
20c. MAILING ADDRESS 830 Bellflower Road	Mesa	STATE WA	99343	COUNTRY
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)	•
21a. ORGANIZATION'S NAME				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	Jody	Dee		
21c. MAILING ADDRESS 7915 W. Dradie St.	Pasco	STATE WA	POSTAL CODE 99301	COUNTRY
				USA
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 22a. ORGANIZATION'S NAME	NOR SECURED PARTY	'S NAME: Provide only one na	ame (22a or 22b)	
0.0				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY	'S NAME: Provide only one na	ame (23a or 23b)	
23a. ORGANIZATION'S NAME		,	· · · · · ·	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
230. INDIVIDUAL 5 SUKNAME	FIRST PERSONAL NAME	ADDITIO	IVAL IVAIVIE(S)/IIVITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
OA MICCELLANICOLIO				

# **UCC FINANCING STATEMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS				
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	Date of Filing: 09/04/2018 Time of Filing: 08:31:00 AM			
18a. ORGANIZATION'S NAME				
Easterday Farms Produce, Co.	File Number : 20 Lapse Date : 09/	18-247-0639-4 04/2023		
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX	_		
ADDITIONAL NAME(S)/INTTAL(S)	SUFFIX	THE 4 DOVE OD 4 OF 1	0 F0D FILING 0FF10F	110E 0NI V
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (1	(9a or 19h) (use exact full name: do i		S FOR FILING OFFICE	
19a. ORGANIZATION'S NAME	13a of 13b) (use exact, full flame, uo i	not offitt, modify, of abbreviate an	y part of the Debtor's Hame	·
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
Easterday	Jody			
19c. MAILING ADDRESS	CITY	STATE	99301	COUNTRY
7915 W. Dradie St.	Pasco			USA
<ol> <li>ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (20a. ORGANIZATION'S NAME</li> </ol>	20a or 20b) (use exact, full name; do	not omit, modify, or abbreviate ar	y part of the Debtor's name	)
ZUB. ORGANIZATION'S NAME				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday				
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
631 Bellflower Road	Mesa	WA	99343	USA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debtor's name	)
21a. ORGANIZATION'S NAME				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	Gale	ADDITIO	ASSITIONAL IN INVECOS	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
631 Bellflower Road	Mesa	WA	99343	USA
22. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY	"S NAME: Provide only one na	me (22a or 22b)	
22a. ORGANIZATION'S NAME		·—	,	
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
220. WAILING ADDRESS	CITT	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY	"S NAME: Provide only one no	mo (220 or 22h)	
23a. ORGANIZATION'S NAME	SIGNOR SECORED I ARTI	O NAME. Floride only one ha	THE (23a OF 23b)	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
A. MIROSTI, AMERICA				
24 MISCELLANEOUS:				

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Page 5 of 7

# **UCC FINANCING STATEMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS				
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	Date of Filing: 09/04/2018			
18a. ORGANIZATION'S NAME	Time of Filing: 08:			
Easterday Farms Produce, Co.	File Number : 20 Lapse Date : 09/	18-247-0639-4 /04/2023		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL MAME (O) WAITIAL (O)	OUEEIV			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
10. ADDITIONAL DEPTODIS NAME, Devide selvers Debter services	40h) (		S FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a on 19a. ORGANIZATION'S NAME	or 19b) (use exact, full name; do r	not omit, modify, or appreviate an	y part of the Debtor's name)	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	Debby			
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
830 Bellflower Road	Mesa	WA	99343	USA
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a 20a. ORGANIZATION'S NAME	or 20b) (use exact, full name; do	not omit, modify, or abbreviate ar	ny part of the Debtor's name	)
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Easterday	200. INDIVIDUAL'S SURNAME			SOFFIX
20c. MAILING ADDRESS	CITY	Louis	POSTAL CODE	COUNTRY
631 Bellflower Road	Mesa	WA	99343	USA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbreviate ar	y part of the Debtor's name	)
21a. ORGANIZATION'S NAME				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME (O) (INITIAL (O)	SUFFIX
Easterday	Karen	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
631 Bellflower Road	Mesa		99343	USA
22. ADDITIONAL SECURED PARTY'S NAME or ASSIG	SNOR SECURED PARTY	"S NAME: Provide only <u>one</u> na	ime (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR		Laboration		Tay many
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNATION'S NAME	SNOR SECURED PARTY	S NAME: Provide only one na	me (23a or 23b)	
23d. ONOANIZATION O NAINIE				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24 MISCELLANEOUS:				

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# **UCC FINANCING STATEMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS				
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	Date of Filing: 09/04/2018 Time of Filing: 08:31:00 AM File Number: 2018-247-0639-4 Lapse Date: 09/04/2023			
18a. ORGANIZATION'S NAME				
Easterday Farms Produce, Co.				
		Lupse Bute 105	70 172020	
OR 18b. INDIVIDUAL'S SURNAME		1		
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	_		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do			OOL ONL!
19a. ORGANIZATION'S NAME				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Wills	Andrew	Н		
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7915 W. Dradie St.	Pasco	WA	99301	USA
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20a. ORGANIZATION'S NAME	20b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name	
OR 20b. INDIVIDUAL'S SURNAME  Wills	FIRST PERSONAL NAME  Andrew	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7915 W. Dradie St.	Pasco	WA		USA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21a. ORGANIZATION'S NAME	21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name	•
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	NOR SECURED PARTY	'S NAME: Provide only <u>one</u> n	I ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	JOR SECURED PARTY	''S NAME: Provide only one n	omo (22a or 22h)	
23a. ORGANIZATION'S NAME	CLOCKED I AKT I	O	(200 of 200)	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
255. INSTALLO GONYAIVIL		Abblite		301117
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24 MICCELLANEOUS.				